Practice Improvement Protocol 14

OUT OF HOME CARE SERVICES

Developed by the
Arizona Department of Health Services
Division of Behavioral Health Services

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ISSUE:

The assurance that children and adolescents who access out of home care services, and their families, receive services according to the 12 Arizona Principles.

PURPOSE:

To establish protocols that operationalize best practices in hospitals, crisis stabilization facilities, residential treatment centers, therapeutic foster care homes, and therapeutic and other behavioral health group homes.

TARGET POPULATION:

All behavioral health recipients under the age of 21 receiving behavioral health services through the Arizona's public behavioral health system in out of home (that is, Level I, II and III residential services, and therapeutic foster care) settings.

BACKGROUND:

The Arizona Vision clearly articulates a core value that services are provided in the most appropriate setting and whenever possible, in the child's home and community. At the same time, Arizona Department of Health Services (ADHS) recognizes that there are children whose needs, in spite of intensive community based service provision, can only be adequately addressed in out of home placements. When appropriate community based services are not available, out of home care can provide an essential service to maintain and stabilize a child until alternative services can adequately meet the needs of the child in the community.

Arizona Department of Health Services (ADHS) is committed to the provision of behavioral health services to children through the Child and Family Team (CFT) process. The CFT process identifies and addresses the needs of the family, and ensures that any child in an out of home service setting is returned to his/her community and home as soon as possible. Whenever out of home care is required, then, it is imperative that the Child and Family Team process is maintained, or initiated immediately.

This protocol presupposes that many children referred for out of home care may not reside with biological families. The expectations of family involvement, family voice and choice, and community placements extend to a wide diversity of primary caregivers including biological, adoptive or self-created units of people

residing together, and consisting of adult(s) and children, with adult(s) performing duties of parenthood for the children. "Home" refers to the residences of those families.

SERVICE GUIDELINES:

1. **The primary goal of out of home care is to prepare the child and family, as quickly as possible, for the child's return to home and community.** Service programming, therapeutic strategies, planning, and provision must reflect this goal and must be focused on teaching children how to successfully function in the context of the setting to which they will be returning, not the placement in which they are receiving services. It is understood that a child's underlying behavioral problems must be addressed in order to accomplish this, and that therapeutic interventions must target the behaviors and symptoms that have limited the child's successes. It is also recognized, however, that these underlying problems need not be fully resolved before a child can successfully transition back home, and that the most appropriate setting for long term therapeutic work is the environment in which the child will be living and functioning. Transitions to home should not be contingent upon when the child and family have surmounted *every* problem or challenge. Instead, they should be contingent upon the family's having had sufficient practice to feel confident about meeting the challenges at home, and on the availability of community based supports (formal and informal) that can adequately address their needs, including any familial and community safety needs.

   Service expectation for providers: All service plans will include goals and objectives needed to prepare the child and family for the child's return to home, or to an alternative permanent placement.

2. Families must be encouraged and supported to be actively and meaningfully involved in all aspects of care. Families must be included in the assessment process, setting and prioritization of treatment goals, ongoing care and discharge planning. A family's supported level of involvement must be considered a treatment priority and addressed in the service plan. Families must be actively engaged, and sometimes re-engaged, and participation in family-focused therapy will likely be a primary objective in many out of home placements. Out of home providers should collaborate with community (e.g. outpatient, community service agency) providers to deliver family-focused therapy and to ensure continuity of care.

   Service expectation for providers: ***All aspects of service planning will include family involvement and/or the provider's active and ongoing attempts to engage families in care. Family involvement will***

be clearly supported by documentation in the behavioral health record and by interview results from family members.

3. **Children must be treated within the context of their family systems**. Each family should be encouraged to use the child's placement as a transition period, helping the family as a whole to start on a new path, developing new skills, a renewed sense of confidence, competence and optimism as parents, siblings and other members prepare to reunite as a family. Out of home programs, then, should not be seen as "dispositions," "destinations," reflective of "failures" or as "last resort." Likewise, providers should not diminish the services afforded to children whose families might be unable or unwilling to participate in their care. Instead, providers must work through the CFT to continually pursue an effective level of engagement with the family, at times even extending to other relatives beyond the immediate family.

   Children who may not have an identified family to return to, must be assisted in developing ties to their community, non-family resources upon which they can depend for assistance, and connections with caregivers that can meet their relationship needs.

   Service expectation for providers: ***The Child and Family Team and service providers will implement services that are congruent with the child's culture and environment, as identified in the Strengths, Needs and Culture Discovery and the Core Assessment.***

4. **Community providers, out of home providers, and child serving agencies must develop successful and well-defined protocols to ensure appropriate placements, collaborative service planning and successful and meaningfully coordinated care.** This will require community providers and child serving agencies to become well informed about the role of out of home providers in Arizona's evolving system of care. It will require that out of home providers ensure that their workforce is educated about system of care approaches and the mandates and functioning of child welfare, education, law enforcement, health and other system partners. Finally, it will require the development and implementation of specific policies and procedures that guarantee an ongoing transfer of information and knowledge learned between agencies and between providers.

   Service expectation for providers*: Out of home providers will develop and teach written protocols and policies that promote appropriate placements, collaborative service planning and successful and meaningful coordination of care. Training records will indicate that staff have received training on these topics.*

5. **Every child must be served through a Child and Family Team (CFT).** The out of home provider must recognize the CFT as the driving force in both the positive treatment of the child and support of the family. As the dynamic CFT expands to incorporate members from the out of home providers, its members communicate about what has worked in previous planning for the child and family, and about integration of significant family strengths and culture into day-to-day treatment of the child. Out of home providers need to integrate the CFT into all aspects of their programming (staffings, visits, etc.). Treatment plans for children in out of home services will always exist only as a part of the CFT's overall plan for the child and family. While most children entering out of home placements will have functioning CFTs in place at the time of admission, out of home providers will need to work with community providers and referral sources to initiate the development of a CFT when children are admitted without one.

   Service expectations for providers: ***An active Child and Family Team process will support every child in out of home care. Prior authorization and utilization review processes should give substantial weight to the needs and goals identified by the CFT. The prior authorization and utilization review process will function as a supportive resource, and in the case of a denial, will assist the team to identify alternative services. (See ADHS/DBHS Provider Manual Section 3.14, Securing Services and Prior Authorization.)***

6. **Out of home care should be a community resource, and not a "placement."** Residential treatment providers should expand the services they provide and integrate them with community based programs to effectively stabilize and strengthen community placements. It is essential that out of home providers view themselves as resources to the CFT, serving to reinforce and enhance community based services and supports designed by the CFT. In this light, residential providers should refine their mission to serve as extensions of a community based continuum, rather than as centers intending to "fix" children in out of home care.

   Service expectation for providers: ***Out of home service plans will be extensions of the service plans that preceded the child's transition to out of home care. Discharge plans will be built upon identified community services and supports that are aligned with the child's Strengths, Needs and Cultural Discovery and Core Assessment. The clinical record will document the concordance between the discharge plan and the community treatment plan.***

7. **A strengths-based, culturally competent approach must be taken in all aspects of care**. Assessments should survey and document

individual, family and community resources. Service plans should be based on and must encourage the development and enhancement of both internal and external strengths. Family and ethnic/racial culture should be assessed and considered in the formulation of a treatment approach, especially for children who are from cultures where out of home placement is seen as shameful or stigmatizing. Out of home providers should reach out to cultural guides (e.g. other team members, tribal organizations) to help tailor accommodations to such cultural norms. Discharge plans should build on identified strengths and cultural priorities and include natural supports as well as professional services.

Service expectation for providers*: Out of home providers will develop service plans that reflect the values, priorities and norms of the child and family, as identified in the Strengths, Needs and Cultural Discovery.*

8. **Treatment and support is highly individualized to the needs of each child and family.** A child's individual needs must be identified by the CFT and addressed in out of home care. Therapeutic interventions must target the behaviors, symptoms and concerns that may have limited the child's successes to date. Programming (e.g. level systems) within group settings must be highly individualized, addressing each child's specific needs, reflecting each child's preference and unique capabilities and must be adaptable and transferable to each family's situation. Interventions should be built upon functional assessments, and their success evaluated in terms of functional outcomes. When multiple out of home options are available, the child should be matched to the best setting, based on recommendations by the CFT.

   T/RBHAs are encouraged to creatively contract for out of home beds. In some situations, children may need stabilization by being in out of home care for one or two days each week, and at home during the remaining days. Some children may need transitional approaches that are based on a gradual discharge model, where home visits increase over time, resulting in more and more time at home and less and less time in residential services as transition proceeds. Unique and creative arrangements that maximize the integration of home and residential services should be explored.

   Service expectation for providers: ***Out of home provider policies, protocols and practices will support approaches that are individualized to each child's unique needs. Any rigid or universal application of services or discharge criteria will be prohibited.***

9. **Effective interventions are delivered by competent, well-prepared and diligently supervised individuals.** The provision of out of home care and associated services should reflect decision-making by the CFT that is informed by evidence-based and other promising treatment approaches.

   Each CFT should include a Clinical Liaison who provides clinical oversight and consultation to the CFT, advising the team on interventions (e.g. tools and techniques), services, strategies, natural supports and other resources that may support the success of the CFT in accomplishing its goals and objectives. The CFT should make its decisions based on knowledge of relevant clinical guidance endorsed by ADHS. Interventions should be driven by measurable objectives developed by the CFT, and their effectiveness should be continuously monitored and modified by the CFT if intended, desired outcomes are not achieved.

   Service expectation for providers: ***Every CFT will be guided and advised by a Clinical Liaison. The Clinical Liaison assists the child and family team in decision-making that is informed by evidenced-based approaches and reflects best practice and community standards. The involvement and activities of the Liaison are clearly documented in the record.***

10. **Out of home services provide persistent commitment and care**. Services should anticipate the wide range of characteristics found among the children and families they serve (e.g. primary language differences, sensory impairments, cognitive limitations, other developmental and health-related conditions), and should affirmatively accommodate such characteristics, rather than constraining admission or service criteria.

    Service expectation for providers: ***Out of home services will accommodate individual characteristics of referred children. Children will not be excluded from, or considered inappropriate for, admission or specific programming due to the presence of any unique characteristics or disabilities alone.***

11. **Out of home settings must provide services and supports that change to continually meet the child's needs.** Stability and avoidance of multiple placements are expected. As a child's needs may change, supports and services should also change to continue to support the child during placement.

    The CFT should work with the provider to anticipate crises that might develop, and devise specific strategies to prevent and address them. In recognition of the behavioral health system's principled commitment to avoiding delinquency, inappropriate uses of law enforcement and criminal

justice systems must be avoided, and policies must be developed to inform all decisions to engage them.

Service expectation for providers: ***All service plans will include a crisis plan that will address alternatives to law enforcement involvement and the avoidance of restraints and seclusions. Provider policies will be reviewed to align with this expectation. If an out of home placement is interrupted by hospitalization or arrest, the provider will pursue every opportunity to ensure the child's return to that same residence.***

12. **Out of home settings must provide, to the extent possible, as natural and home-like an environment as possible.** In general, children should be placed in out of home service settings that sustain their existing relationships with family, friends, teachers and neighbors. Phone calls, family visits and other experiences that reflect normalcy should not have to be earned, and should not be restricted unless there is clear clinical justification and strategic goals outlined in the service plan for doing so. Therapeutic activities should be mindfully planned to allow children to practice skills and behaviors that will help them to succeed in family, school and other community settings. Children should be able to appropriately personalize their environment to reflect their tastes, culture, preferences and
interests.

    Service expectation for providers: ***No protocols, policies or practices will exist that limit normal experiences, and all will be consistent with State and Federal laws protecting client rights. Policies must ensure the child's right to normalizing experiences.***

13. **Continuity of care must be maintained**. Both community and out of home providers should adjust staffing models and patterns, contracting mechanisms and job descriptions to encourage individualized interventions and enduring therapeutic relationships that are not disrupted by changes in residence. Out of home settings should expand their ranges of services to include crisis stabilization, respite and other opportunities to support and preserve family stability and integrity. In addition, out of home service providers are encouraged to make the skills and expertise of their workforces available to help support the family, school and community to provide special attention to successfully transition the child home, and even to help address the needs of the child and family after discharge.

    Children transitioning to the age of majority may require additional resources to secure continuity of care and placement, to prepare

themselves for independence, and to transition into services in the adult system.

Service expectation for providers: ***Out of home providers will expand their array of services so that children are provided consistency and continuity of care as they transition into and out of residential care. Transition plans for individuals approaching the age of majority will consider all aspects of the Transitioning to Adult Services: Practice Improvement Protocol.***

14. **Supervision:** Given the complexity of issues that surface during out of home care, providers at all levels require sound clinical supervision. The service expectation and guidelines in this protocol should serve as a basis for supervisory information gaps, emotional blind spots, and subliminal or unspoken expectations or feelings about individual clients or their families, can interfere with good clinical judgment. Without the provision of quality clinical supervision, such influences might go unrecognized, and can compromise services provided. Therapists, case managers, support staff and care providers at all other levels should be provided with regularly scheduled, dependable and focused clinical supervision.

    Service expectations for providers: ***Out of home providers will equip all staff directly involved with client care with dependable and regularly scheduled, as well as event-driven clinical supervision necessary to ensure the provision of sound clinical services.***